

FILED JUN 17 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20741

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 529

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>California</b> b. COUNTY <b>San Bernardino</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>Springfield</b> TOWN				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>San Bernardino</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Medical Center for Federal Prisoners</b>				Length of stay in lb <b>34 days</b>		d. STREET ADDRESS <b>Unknown</b> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <b>Galen</b> Middle <b>Vane</b> Last <b>Krewson</b>				4. DATE OF DEATH Month <b>June</b> Day <b>7</b> Year <b>1957</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>July 29, 1897</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machine operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>varied</b>		11. BIRTHPLACE (City and state or country) <b>Cincinnati, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13. FATHER'S NAME <b>Unknown (deceased)</b>				14. MOTHER'S MAIDEN NAME <b>Unknown (deceased)</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>568-24-3339</b>		17. INFORMANT <b>FILE: MCFP Springfield, Missouri</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Inanition</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Months</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) <b>Carcinoma of the Bladder with metaseses</b>	
						DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. <del>DEATH DUE TO ACCIDENT, SUICIDE, OR HOMICIDE</del>	
20c. INJURY a. m. p. m.		*****					
20d. INJURY OCCURRED WHILE AT WORK <b>The Medical Staff</b>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21a. I attended the deceased from <b>5-3-57</b> to <b>6-7-1957</b> and last saw him alive on <b>6-7-57</b>				Death occurred at <b>1:55 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>E.C. Rinck, M.D.</b> Clinical Director				22b. ADDRESS <b>Medical Center for Federal Prisoners, Springfield</b>		22c. DATE SIGNED <b>6-7-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-10-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>	
24. FUNERAL DIRECTOR <b>AYRE-GOODWIN, Inc. Springfield</b>				25. DATE RECD. BY LOCAL REG. <b>6-10-57</b>		26. REGISTRAR'S SIGNATURE <b>Edith Williamson</b>	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *William T. Swallow*

Licensed Embalmer No. *118*

P. O. Address *Spring*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.